



BOARD OF REGISTERED NURSING

P.O Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 | www.rn.ca.gov

Ruth Ann Terry, MPH, RN, Executive Officer

License Renewal - Timely
Timely RN License Renewal Fee - \$85

ALLOW 6-8 WEEKS FOR PROCESSING YOUR RENEWAL BY MAIL

Office Use Only

Amt Recd: _____

CE's OK: _____

Active / Inactive

Mail this completed form along with the appropriate fee to the address above

License No: _____ Date License Expires: _____ Total Amount Due: **\$85**

Full Name: _____

Mailing Address: _____

City, State, Zip _____

Phone Number: _____ Email address: _____

ADVANCED PRACTICE RENEWAL

TO RENEW YOUR ADVANCED PRACTICE CERTIFICATION(S) ALONG WITH YOUR REGISTERED NURSE LICENSE, CHECK ALL THAT APPLY BELOW:

☐ CLINICAL NURSE SPECIALIST - \$50

☐ NURSE ANESTHETIST - \$50

☐ NURSE MIDWIFE - \$50

☐ NURSE MIDWIFE FURNISHING - \$30

☐ NURSE PRACTITIONER FURNISHING - \$30

Total Amount Due: \$ _____

NOTE: PUBLIC HEALTH NURSE, PSYCHIATRIC MENTAL HEALTH, AND NURSE PRACTITIONER CERTIFICATES AUTOMATICALLY UPDATE UPON RENEWAL OF YOUR RN LICENSE.

LICENSE STATUS / CONTINUING EDUCATION

PLEASE CHECK APPROPRIATE BOX:

☐ RENEW MY LICENSE TO **ACTIVE** STATUS BASED ON ONE OF THE FOLLOWING:

☐ I SUCCESSFULLY COMPLETED 30 HOURS OR MORE OF CONTINUING EDUCATION DURING MY LAST LICENSE PERIOD (NOTE: You are required to maintain continuing education certificates for 4 years and must be submitted to the Board upon request.)

☐ I AM EXEMPT FROM THE CE REQUIREMENT HAVING PASSED THE NCLEX EXAMINATION WITHIN THE LAST 2 YEARS

☐ RENEW MY LICENSE TO **INACTIVE** STATUS

REPORTING CONVICTIONS

Since your last license renewal, have you been convicted or pled nolo contendere to any violation of the law in this or any other U.S. state or foreign country? ☐ YES ☐ NO

If **YES**, you must provide a detailed written explanation within 30 days from date of renewal.

SIGNATURE REQUIRED FOR ACTIVE STATUS

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE _____ **DATE** _____